

taken place during recent years, dealing with the interpretation of the Medical Acts. Lord Coleridge, in *R. v. Baker*, pronounced dicta utterly at variance with the Act of 1886, and showed that he regarded "physician" and "M.D." as synonymous. In the latest case *Mr. Justice Lawrence* was under the impression that the College of Physicians could grant the degree of M.D. It is exceedingly difficult for medical men to feel proper respect for judgments, the authors of which seem to be so badly informed about what is common knowledge to most of them.

In conclusion I would urge that it is of paramount importance that the Medical Acts should be amended and simplified with the least possible delay, so that it may be made impossible for a judge to misunderstand them. As there is now only one kind of medical qualification recognised by the law, it is absurd to take exception to what a medical man calls himself if duly registered. It does not matter one iota to the public whether he styles himself "doctor," "physician," or "surgeon."—I am, etc.,

MAJOR GREENWOOD, M.D.Brux., LL.B.Lond.,  
Hackney Road, N.E., Feb. 15th. Barrister-at-law.

#### MIDWIVES BILL.

SIR,—I think it necessary to explain my reasons for seconding Mr. Brown's motion "to recommend the Council to oppose the Midwives Bill," as the few hurried remarks I made are somewhat misleading.

The statement that "I came from an agricultural district where the members of the medical profession were the professional rivals of the midwives" was meant to be a somewhat indignant reply to an objection made by, I think, Dr. Woodcock, to a proposition that the local supervision of midwives should be entrusted to the Rural District Council instead of the County Council—namely, "that the medical officers were often professional rivals of the midwives, and would be unfitted thereby to supervise them."

My reasons for protesting against the Midwives Bill are:

1. That whenever the question has been brought before the general meeting of the Association the members present have always voted against midwives' registration, while recognising the need of trained midwifery nurses to attend the poorer classes during the lying-in period, and competent to attend a case of natural labour or emergency pending the arrival of the medical practitioner, and until that vote has been reversed the Council and Parliamentary Bills Committee should act in accordance with the wishes and directions of their constituents.

2. That every woman should have skilled medical attendance at childbirth. This is provided for the pauper class by the Poor Law, and the guardians are empowered to grant orders on loan to all those who cannot afford to pay the medical fees.

3. That the restriction of midwives' practice to natural cases is, at any rate in country districts, useless as a protection to the patient, as hours must often elapse before the medical practitioner could arrive, and often the serious emergency, and the patient, would then have passed away.

4. That so many cases would be attended by midwives that the younger practitioners would not be able to obtain that skill and proficiency in midwifery which can only be attained by experience and practice, and not only would they lose a good part of their income, but the general public would suffer by their want of experience, and probably the whole practice of midwifery pass into the hands of the midwives and a few specialists.

5. That it would be a retrograde step, and would, notwithstanding all proposed safeguards, set up an inferior order of practitioners, who would eventually take the place of the unqualified assistant, and many struggling men who are employing qualified assistants would be unable to retain their services, and practices would be further cut up and underselling increased.

6. That there would be no difficulty in providing medical attendance for every woman in the present overstocked condition of the profession, as it would only give about 40 cases to each medical man per annum, and many men do five times that number.

In conclusion, I would express my entire agreement with the remarks made by Mr. G. Brown, Dr. Groves, and Dr.

Major Greenwood, and, while fully recognising Mr. Victor Horsley's great ability and his energetic and unselfish work for the best interests of the profession generally and the general practitioner in particular, would venture to hope that, after thirty years' practice in a rural district, I may be permitted to give my opinion, although not quite in accordance with his six months' experience.

Knowing as I do by bitter experience the hard life and unending anxieties of the struggling doctor, the insults and impertinences he has to endure patiently, and the persecutions he has often to fight against, I feel bound to make my feeble protest against any measure which will make his position more unendurable. I see in the *BRITISH MEDICAL JOURNAL* of February 11th a list of 21 practices for sale, only 2 over £400 gross, while over 1,000 purchasers' names are on the books of the same firm of agents. Surely we shall soon want a "Poor Doctor's Fund."—I am, etc.,

Wimborne, Feb. 15th.

C. H. WATTS PARKINSON.

#### THE MIDWIVES' INSTITUTE AND THE MIDWIVES BILL.

SIR,—I see that the Midwives' Institute is credited with the production of the Midwives Bill. May I ask to be allowed to state that the Midwives Bill Committee consists of about forty members, only two of whom represent the Midwives' Institute; the rest of the Committee is composed of representatives of the medical profession (14), the legal profession (4), Parliament (11), and various public bodies, political and philanthropic (6).

It will therefore be seen that it is quite incorrect to speak of the Bill as "a Bill of the Midwives' Institute." The misapprehension has most likely arisen owing to the Midwives Bill Committee holding its meetings in the same building in which the Midwives' Institute has its offices.—I am, etc.,

Buckingham Street, W.C.,  
Feb. 12th.

J. WILSON,  
President of the Midwives' Institute.

#### OÖPHORECTOMY FOR MAMMARY CANCER.

SIR,—In his recent article on oöphorectomy for mammary cancer, which appeared in the *BRITISH MEDICAL JOURNAL* of February 4th, Mr. Stanley Boyd has made reference on more than one occasion to a case that I showed at the meeting of the Edinburgh Medico-Chirurgical Society in illustration of this line of treatment. This seems a suitable opportunity to mention her present condition, and to give a brief summary of her case since the oöphorectomy on June 15th, 1895.

On May 20th, 1896, the patient was shown at the meeting of the Edinburgh Medico-Chirurgical Society, and at that date she was apparently in excellent health, with a sound cicatrix and healthy thoracic tissues, all traces of malignant disease having disappeared locally. This satisfactory condition of things continued until July, 1897, when two small nodules made their appearance in a situation where cancerous tissue had previously existed, but had disappeared subsequent to the oöphorectomy and the use of thyroid extract. These nodules slowly increased, and in October one of them was removed, and microscopic examination of it revealed the structure of a typical scirrhus. The other nodule was left. At the present it has somewhat diminished in size, and no fresh nodules have appeared in or near the cicatrix. In the right breast, however, at its upper and inner quadrant, a small, hard mass can be felt, and below the left clavicle the infraclavicular hollow is occupied by a hard swelling in the neighbourhood of the first rib. For about twelve months the patient has complained of her back, and this has been accompanied by a change in the vertebral column, which now presents in the lower cervical and upper dorsal regions a curvature not unlike that seen in Pott's disease. There is no evidence of any lung or pleural infection, and the patient's general appearance is that of a healthy woman. To me the point of interest in the case is the reappearance of malignant disease in a situation where it had previously disappeared, and further that this recurrence, contrary to all experience, should have again shown no sign of further increase.

In a communication such as this, I cannot attempt to discuss the various points raised by Mr. Boyd in his paper, but I hope to allude to them in a further communication that I propose to make on this subject.—I am, etc.,

Glasgow, Feb. 9th.

GEORGE THOMAS BEATSON.